

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or am original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Audio Signal Reproducing Apparatus

the specification of which
(check one)

is attached hereto.

was filed on 10/22/90 as

Application Serial No. 07/600,818

and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)		Filing Date	Priority Claimed
Number	Country		Yes No
P278209/89	Japan	October 25, 1989	X

I hereby claim the benefit under Title 35, United States Code, Section 120 of a United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(e) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Status</u>

And I hereby appoint Lewis H. Eslinger, Reg. No. 18,558; Jay H. Maioli, Reg. No. 27,213; Donald S. Dowden, Reg. No. 20,701; Gerald W. Griffin, Reg. No. 18,886; Ivan S. Kavrukoff, Reg. No. 25,161; Thomas F. Moran, Reg. No. 16,579; Christopher C. Dunham, Reg. No. 22,031; Normal H. Zivin, Reg. No. 25,385; Jules P. Kirsch, Reg. No. 20,293; John P. White, Reg. No. 28,678; Thomas G. Carulli, Reg. No. 30,616 and Robert D. Katz, Reg. No. 30,141; and each and all of them, all c/o Cooper & Dunham, 30 Rockefeller Plaza, New York, NY 10112 (Tel. (212) 977-9550), my attorneys, each with full power of substitution & revocation, to receive the patent, to transact all business in the Patent & Trademark Office connected therewith and to file any International Applications which are based thereon under the provisions of the Patent Cooperation Treaty.

Please address all communications, and direct all telephone calls, regarding this application to

Lewis H. Eslinger

18,558

Reg. No. _____

Cooper & Dunham
30 Rockefeller Plaza
New York, N.Y. 10112
Tel. (212) 977-9550

I hereby declare that all statements made herein of my own knowledge are true & that all statements made on information and belief are believed to be true; & further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or
first joint inventor

MASAYUKI NISHIGUCHI

Inventor's signature

Citizenship

JAPAN

Date of signature January 8, 19

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Full name of joint inventor (if any)

Inventor's signature

Citizenship _____ Date of signature _____

Residence _____

Post Office Address _____

Full name of joint inventor (if any)

Inventor's signature

Citizenship _____ Date of signature _____

Residence _____

Post Office Address _____
